

and benchmarking both internally and externally, an assessment and determination of satisfaction has been possible.

Materials and Methods: The standard AIR staffing model (from 2001) which is routinely utilised in Australia states a requirement of 4.5 FTE on a Linear Accelerator treating around 40 patients per day. Following a workflow redesign, ROV implemented a staffing model of 3.0FTE for a similar workload on its Linear Accelerator fleet. After this change, patient satisfaction with the service was assessed by obtaining patient satisfaction scores using an iPad device connected to cloud based software using a net promoter score methodology. The recorded scores of satisfaction were compared to both internal and external controls and demonstrated that changes to the staffing model had no impact on the quality of service provided.

Results: After 13 months of data collection involving 1688 patients across 5 sites, the NPS data analysis demonstrates a consistent score of at least 70% (noting a NPS score of >40% is considered very good).

Conclusions: The data demonstrates that the new staffing model adopted by ROV maintains excellent levels of service as evidenced by patient satisfaction. ROV continues to monitor patient satisfaction on an ongoing basis to ensure the service provided continues to meet or exceed expectations. In the event that a respondent is dissatisfied by a score on any metric of less than 60%, contact with the respondent is made immediately as the cloud based system provides real time notification to a manager.

EP-1676

Spanish validation of Charlson index applied to prostate cancer

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Purpose/Objective: Comorbidity assessment is essential to triage of care for men with prostate cancer. Specially in these with an expectative of life less of ten yars.. We tried to make a Spanish validation of revised Charlson index (RCI) applied to prostate cancer.

Materials and Methods: A group of 619 consecutive cases of prostate cancer diagnosed between 1994 to 2007 weresend for clinical assessment at radiation oncology department of hospital Clinic of Bcelona. A long the period of follow-up 69 patients deceased for prostate cancer and were excluded in this study inorder to determine the risks of mortality associated with comorbidities measured by the RCI. RCI was classified in three categories 0 to 2 , 3 to 4 and 5 and higher. For this purpose we used Kaplan-Meier method and Cox proportional hazards modeling .

Results: Finally 550 patients with prostate cancer were included, with median age of 70 years old (47-85), Mean follow-up time was 136.8 months, between 5,6 and 245,8 months. D'Amico risk classification distribution was for low, mediun and high risk 20.4%, 36,5% and 43,1% respectively. RCI distribution categories was as follows 61,5%, 21,8 and 16,7%. Survival analysis showed significant differences (p<0.001) between RCI groups at 5 and 10 years. Survival

probability was 98,2 and 88,5% ; 95% and 79,6% ; and 52,2% and 8,9% respectively for each RCI category.

Conclusions: RCI allowed for more accurate identification of men at highest risk for other cause mortality. Our results are in concordance with original RCI .This revised index may be used to aid medical decision making for men with prostate cancer.

EP-1677

Evolution of acute toxicity in the short course of radiotherapy in rectal cancer

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Purpose/Objective: Short-course radiotherapy (SCRT) followed by immediate surgery at 1 week is an option treatment in rectal cancer, and it is generally accepted that SCRT is associated with less early toxicity than conventionally fractionated chemoradiotherapy. Currently, the SCRT and delayed surgery (i.e. 4-8 weeks) after radiotherapy (RT) is being evaluated in order to improve results. It seems that longer surgery delays are associated with a better tumor response, but acute toxicity has not been evaluated accurately. Our aim was to evaluate the acute toxicity of patients treated with SCRT in the weeks before the surgery in our hospital.

Materials and Methods: 17 patients with localized rectal cancer staged T3-4N0/+ treated with 25 Gy in 5 consecutive fractions followed by surgery were analyzed. All patients received 3D conformal RT with a multileaf collimator (MLC) and were immobilized in the supine position. The CTV included the rectum, mesorectum, common and internal iliac vessels with a 1-cm margin, presacral space, posterior part of the internal obturator muscle and 1-2 cm of the bladder. Surgery was performed 1-3 weeks after the beginning of RT. Surgery was performed 1 week after RT in 6 patients, 2 weeks after RT in 9 patients, and after 3 weeks in 2 patients. Acute toxicity assessment was performed during routine follow-up examinations and toxicity grades were assessed with the RTOG scale. All data analyzed by Microsoft Office Excel 2007.

Results: Little toxicity was observed in the 6 patients in whom the surgery was performed 1 week after RT: asthenia (grade 1), proctitis (grade 1) and cystitis (grade 1-2). No other types of acute toxicity were observed. Patients in whom surgery was delayed 2-3 weeks after RT, acute toxicity get worse (≥ grade 2-3). (Figure 1)The most severe symptoms were asthenia, diarrhea and proctitis. Urinary incontinence was maintained equal. 2 patients that had surgery beyond 3 weeks from the end of RT required admission for symptom control. In all cases, surgery delay was due to surgical waiting list.